



OREGON CHARITABLE CHECKOFF COMMISSION

Eligibility Petition



To the Oregon Charitable Checkoff Commission:

Oregon & SW Washington

I certify by my signature that I am a registered voter in Oregon.

We, the undersigned voters, request approval for Affiliate of the Susan G. Komen Breast Cancer Foundation to be listed in the Oregon Personal Income Tax booklet as an Oregon charity eligible to receive donations from Oregon taxpayers.

SIGNATURE	DATE	PRINT NAME	RESIDENCE ADDRESS	CITY AND ZIP CODE	COUNTY OF RESIDENCE
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150-800-910 (Rev. 1-03)

CIRCULATOR'S CERTIFICATION

I hereby certify that every person who signed this sheet did so in my presence and I believe each person is a qualified voter in the State of Oregon [ORS 305.727(3)(b), OAR 150-305.727(3)(b)-(A)].

This certification must be signed by the circulator. →

X _____
Signature of Circulator

Printed Name of Circulator